

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90252 040 ***158.75

DOCUMENT # J85217
1. Entity Name
 PARK LANE ASSOCIATES, INC.

Principal Place of Business **Mailing Address**
 6301 Collins Ave. P.O.Box 191156
 #1203 Miami Beach, FL
 Miami Beach, FL 33141 33119-1156
 USA USA

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #1203 #1203

City & State **City & State**
 Miami Beach, FL

Zip **Country** **Zip** **Country**
 33141 USA 33141 USA

4. FEI Number 59-2826508 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 McLean, James R.
 6301 Collins Ave.
 Apt 6301
 Miami Beach, FL 33141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

10. This report costs \$150.00. After May 1, 2001, fees will be \$200.00. Please Check Payment to Department of State.


10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete	NAME McLean, James R. STREET ADDRESS 6301 Collins Ave., Apt 1203 CITY-ST-ZIP Miami Beach, FL 33141
TITLE D <input type="checkbox"/> Delete	NAME Thornhill, Victoria E. STREET ADDRESS 830 SW 27th Road CITY-ST-ZIP Miami FL 33129
TITLE DS <input type="checkbox"/> Delete	NAME McLean, Clara I. STREET ADDRESS 6301 Collins Ave., Apt # 1203 CITY-ST-ZIP Miami, FL 33141
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (1/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES R. MCLEAN** **April 23, 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Secretary of State